

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90019 004 ***150.00

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DOCUMENT # P93000072743

1. Entity Name

CARROLLWOOD EMERGENCY PHYSICIANS, P.A.

Principal Place of Business

**7171 N DALE MABRY HWY
TAMPA FL 33614
US**

Mailing Address

**P.O. BOX 17211
TAMPA FL 33682**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3206171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FRANKLIN, H. HOWARD
3100 E. FLETCHER
TAMPA FL 33613**

7. Name and Address of New Registered Agent

Name

F & L CORP.

Street Address (P.O. Box Number is Not Acceptable)

200 LAUREL STREET NORTH, 3RD FLOOR

City

JACKSONVILLE

FL

Zip Code

32202

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Marty Tucker, Vice Pres.

4/12/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FRANKLIN, H. HOWARD**
STREET ADDRESS **3100 E. FLETCHER**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **D** ☐ Delete
NAME **FAVATA, JOHN J**
STREET ADDRESS **16612 SEDONA DE AVILA**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **D** ☐ Delete
NAME **HULLS, JAMES R**
STREET ADDRESS **6401 JOSEPHINE ARBOR**
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *(H. Howard Franklin, President)* *Howard Franklin* **4/16/02 (813) 971-9890**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)